

Women's Perceptions and Experiences of Breastfeeding: A Scoping Review of the Literature

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Abstract

Background

Despite public health efforts to promote breastfeeding, global rates of breastfeeding continue to trail behind the goals identified by the World Health Organization. While the literature exploring breastfeeding beliefs and practices is growing, it offers various, and sometimes conflicting, explanations regarding women's attitudes towards and experiences of breastfeeding. This research explores existing empirical literature suggestions regarding women's perceptions about and experiences with breastfeeding. The overall goal of this research is to identify what barriers mothers face when attempting to breastfeed and what supports they need to guide their breastfeeding choices.

Methods

This paper uses a scoping review methodology developed by Arksey and O'Malley. PubMed, CINAHL, Sociological Abstracts, and PsychInfo databases were searched utilizing a predetermined string of key words. After removing duplicates, papers published in 2010-2020 in English were screened for eligibility. A literature extraction tool and thematic analysis were used to code and analyze the data.

Results

In total, 59 papers were included in the review. Thematic analysis showed that mothers tend to assume that breastfeeding will be easy and find it challenging to cope with breastfeeding challenges. A lack of partner support and social networks, as well as advice from health care professionals, play critical roles in women's decision to breastfeed.

Conclusion

While breastfeeding mothers are generally aware of the benefits of breastfeeding, they experience barriers at individual, interpersonal, and organizational levels. Acknowledging that breastfeeding is associated with challenges and providing adequate institutional support can improve breastfeeding rates and have a positive impact on women's breastfeeding experiences.

Introduction

In the past decades, the importance of exclusive breastfeeding for the first six months of life have been promoted extensively in many countries across the globe (1). The World Health Organization is aiming to have at least half of all the mothers worldwide exclusively breastfeeding their infants in the first few months of life by the year 2025 (2), but it is unlikely that this goal will be achieved. Although the breastfeeding initiation rates have been growing steadily in the United States (3), Canada (4), the United Kingdom, and elsewhere (5), it seems that even though many mothers attempt to breastfeed, they are not able to maintain exclusive breastfeeding for a sustained period of time (7, 8).

While the literature on breastfeeding is vast (9, 10), it offers different, and sometimes conflicting, views on the factors shaping women's perspectives on and experiences with breastfeeding (11, 12). This goal of this paper is to review the existing literature to identify and document empirical literature on women's experiences of breastfeeding in order to identify the barriers that they experience and the supports they need. The overarching goal of this review is to offer insights on how health care providers' advice and public health campaigns can be better tailored to address new mothers' needs so that they will be more equipped to navigate their breastfeeding journeys.

Background

Public health efforts to educate parents about the importance of breastfeeding can be dated back to the early 20th century (12). This messaging has been relatively successful (13), but global rates of breastfeeding continue to trail behind the World Health Organization's (WHO) goal to have 50% of women exclusively breastfeeding for the first six months by 2025 (2). Only 38% of the global infant population is exclusively breastfed between 0 and 6 months of life (2), despite the fact that breastfeeding initiation rates have shown steady growth globally (5). Recently, it has been proposed that while many mothers intend to breastfeed and even make an attempt at initiation, they cannot always maintain exclusive breastfeeding for the first six months of life (7, 8). The literature identifies various barriers, including return to paid employment (15, 16), lack of support from health care providers and significant others (17, 18), and physical challenges (18) as potential factors that can explain premature cessation of breastfeeding.

From a public health perspective, the health benefits of breastfeeding are paramount for both mother and infant (20, 21). Globally, new mothers following breastfeeding recommendations could prevent 974,956 cases of childhood obesity, 27,069 cases of mortality from breast cancer, and 13,644 deaths from ovarian cancer per year (21). Global economic loss due to cognitive deficiencies resulting from cessation of breastfeeding has been calculated to be approximately USD \$285.39 billion dollars annually (21). Evidently, increasing exclusive breastfeeding rates is an important task for improving population health outcomes. While public health campaigns targeting pregnant women and new mothers have been successful in promoting breastfeeding, they also have been perceived as too aggressive (22) and failing to consider various structural and personal barriers that may impact women's ability to breastfeed (12). In some cases, public health messaging itself has been identified as a barrier due to its rigid nature and its lack of flexibility in guidelines (23). Hence, while the literature on women's perceptions regarding breastfeeding and their experiences with breastfeeding has been growing (9, 10), it offers various, and sometimes contradictory, explanations on how and why women initiate and maintain breastfeeding and what role public health messaging plays in women's decision to breastfeed.

THE REVIEW

Aim

The aim of this scoping review is to synthesize evidence gathered from empirical literature on women's perceptions about and experiences of breastfeeding. Specifically, the following questions are examined:

1. What does empirical literature report on women's perceptions on breastfeeding?
2. What barriers do women face when they attempt to initiate or maintain breastfeeding?
3. What supports do women need in order to initiate and/or maintain breastfeeding?

Focusing on women's experiences, this paper aims to contribute to our understanding of women's decision-making and behaviours pertaining to breastfeeding. The overarching aim of this review is to translate these findings into actionable strategies that can streamline public health messaging and improve breastfeeding education and supports offered by health care providers working with new mothers.

Design

This research utilized Arksey & O'Malley's (24) framework to guide the scoping review process. The scoping review methodology was chosen to explore a breadth of literature on women's perceptions about and experiences of breastfeeding. A broad research question, "What does empirical literature tell us about women's experiences of breastfeeding?" was set to guide the literature search process.

Search methods

The review was undertaken in five steps: (1) identifying the research question, (2) identifying relevant literature, (3) iterative selection of data, (4) charting data, and (5) collating, summarizing, and reporting results. The inclusion criteria were set to empirical articles published between 2010 and 2020 in peer-reviewed journals with a specific focus on women's experiences of breastfeeding. Only articles written in English were included in the review. The keywords utilized in the search strategy were developed in collaboration with a librarian (Table 1). PubMed, CINAHL, Sociological Abstracts, and PsychInfo databases were searched for the empirical literature, yielding a total of 2885 results.

Search outcome

The articles deemed to fit the inclusion criteria (n=213) were imported into RefWorks, an online reference manager tool and further screened for eligibility (Fig 1). After the removal of 61 duplicates and title/abstract screening, 152 articles were kept for full-text review. Two independent reviewers assessed the papers to evaluate if they met the inclusion criteria of having an explicit analytic focus on women's experiences of breastfeeding.

Quality appraisal

Consistent with scoping review methodology (24), the quality of the papers included in the review was not assessed.

Data abstraction

A literature extraction tool was created in MS Excel 2016. The data extracted from each paper included: (a) authors names, (b) title of the paper, (c) year of publication, (d) study objectives, (e) method used, (f) participant demographics, (g) country where the study was conducted, and (h) key findings from the paper.

Synthesis

Thematic analysis was utilized to identify key topics covered by the literature. Two independent reviewers inductively analyzed a sample of papers to generate key themes, and reached a consensus on the coding scheme, which was subsequently applied to the remainder of the articles.

Results

In total, 59 peer-reviewed articles were included in the review. Given the focus on women's experiences, it is not surprising that most articles (n=42) included in the sample were qualitative studies, with ten utilizing a mixed method approach (Fig 2). Figure 3 summarizes the distribution of articles by year of publication and Figure 4 summarizes the geographical location of the study.

Perceptions about breastfeeding

Women's perceptions about breastfeeding were covered in 83% (n=49) of the papers. Most articles (n=31) suggested that women perceived breastfeeding as a positive experience and were aware of the benefits of breastfeeding (25, 26). The phrases "breast is best" and "breastmilk is best" were repeatedly used by the participants of studies included in the reviewed literature (27). Breastfeeding was seen as improving the emotional bond between the mother and the child (26, 28, 29), strengthening the child's immune system (30, 31), and providing a booster to the mother's sense of self (12, 32). Convenience of breastfeeding (e.g., its availability and low cost) (25, 33) and the role of breastfeeding in weight loss during the postpartum period were mentioned in the literature as other factors that positively shape mothers' perceptions about breastfeeding (34, 35).

The literature suggested that women's perceptions of breastfeeding and feeding choices were also shaped by the advice of healthcare providers (36, 37). Paradoxically, messages about the importance and relative simplicity of breastfeeding may also contribute to misalignment between women's expectations and the actual experiences of breastfeeding (38). A number of studies reported that women expected breastfeeding to occur "naturally", to be easy and enjoyable (29, 39). Consequently, some women felt unprepared for the challenges associated with initiation or maintenance of breastfeeding (37, 40). The empirical findings from the literature pointed out that mothers may feel overwhelmed by the

frequency of infant feedings (32) and the amount as well as intensity of physical difficulties associated with breastfeeding initiation (40). Researchers suggested that since many women see breastfeeding as a sign of being a “good” mother, their inability to breastfeed may trigger feelings of personal failure (28, 41).

Women’s personal experiences with and perceptions about breastfeeding were certainly influenced by the cultural pressure to breastfeed. The literature revealed that women were faced with judgement and disapproval when people around them discovered they opted out of breastfeeding (42). Women recalled the experiences of being questioned by others, including strangers, when they were bottle feeding their infants (18, 42, 43).

Barriers to breastfeeding

The vast majority (n=50) of the reviewed literature identified various barriers for successful breastfeeding. A sizeable proportion of literature (41%, n=24) explored women’s experiences with the physical aspects of breastfeeding (29, 40). In particular, problems with latching and the pain associated with breastfeeding were commonly cited as barriers for women to initiate breastfeeding (29, 34, 39). Inadequate milk supply, both actual and perceived, was another potential barrier for initiation and maintenance of breastfeeding (39, 40). Some researchers pointed out that breastfeeding mothers were sometimes unable to determine how much milk their infants consumed (as opposed to the clear ability to see it when bottle feeding), which caused them to feel anxious and uncertain about scheduling infant feedings (34, 39). Women’s inability to overcome these barriers was linked by some researchers to low self-efficacy among mothers, as well as feeling overwhelmed or suffering from postpartum depression (44, 45).

In addition to personal and physical challenges experienced by mothers who were planning to breastfeed, the literature also highlighted the importance of social environment as a potential barrier to breastfeeding. Mothers’ personal networks were identified as a key factor in shaping their breastfeeding behaviours in 43 (73%) articles included in this review. Lack of role models – mothers, other female relatives, and friends who breastfeed – was cited as one of the potential barriers for breastfeeding (43). Some family members and friends also actively discouraged breastfeeding, while openly questioning the benefits of this practice over bottle feeding (11, 12, 46). Breastfeeding during family gatherings or in the presence of others was also reported as a challenge for some women (47, 48).

The literature reported occasional instances where breastfeeding-related decisions created conflict in women’s relationships with significant others (32). Some women noted they were pressured by their loved one to cease breastfeeding (28), especially when women continued to breastfeed six months postpartum (49). Overall, the literature suggests that partners play a central role in women’s breastfeeding practices (17), although there was no consistency in the reviewed papers regarding the partners’ expressed level of support for breastfeeding.

Knowledge, especially practical knowledge about breastfeeding, was mentioned as a barrier in 17% (n=10) of the papers included in this review. While health care providers were perceived as a primary source of information on breastfeeding, some studies reported that mothers felt the information provided was not useful and occasionally contained conflicting advice (11, 12). In some studies, mothers reported they had no support at all from their health care providers which left them alone in trying to address breastfeeding problems (32, 44, 50).

Breastfeeding in public emerged as a key barrier from the reviewed literature and was cited in 56% (n=33) of the papers. Examining the experiences of breastfeeding among US mothers, Spencer, Wambach, & Domain (51) suggested that some participants reported feeling “erased” from conversations while breastfeeding in public, rendering their bodies symbolically invisible. Lack of designated public spaces for breastfeeding forced many women to alter their feeding in public and to retreat to a private or a more secluded space, such as one’s personal car (31). The oversexualization of women’s breasts was repeatedly noted as a core reason for women’s negative experiences and feelings of self-consciousness about breastfeeding in front of others (51). Studies reported women’s accounts of feeling the disapproval or disgust of others when breastfeeding in public (52, 53), and some reported that women opted out of breastfeeding in public because they did not want to make those around them feel uncomfortable (31, 46, 54).

Finally, return to paid employment was noted in the literature as a significant challenge for continuation of breastfeeding (54). Lack of supportive workplace environments (45) or inability to express milk were cited by women as barriers for continuing breastfeeding (45, 55).

Supports needed to maintain breastfeeding

Given the central role family members played in women’s experiences of breastfeeding, it is hardly surprising that support from partners as well as female relatives was cited in the literature as a key factor shaping women’s breastfeeding decisions (12, 18, 54). Supportive family members allowed women to share the responsibility of feeding and other childcare activities, which reduced the pressures associated with being a new mother (25, 56). Similarly, encouragement, breastfeeding advice, and validation from healthcare professionals were identified as positively impacting women’s experiences with breastfeeding (12, 28, 34).

Community resources, such as peer support groups, helplines, and in-home breastfeeding support provided mothers with the opportunity to access help when they need it, and hence were reported to be facilitators for breastfeeding (25, 28, 40, 50). Public health breastfeeding clinics, lactation specialists, antenatal and prenatal classes, as well as education groups for mothers were identified as central support structures for the initiation and maintenance of breastfeeding (29, 30, 34, 40, 45, 57). Unfortunately, based on the analysis of the reviewed literature, access to these services varied greatly geographically and by socio-economic status (40, 58).

Overall, the reviewed literature suggested that women faced immense socio-cultural pressure to breastfeed their infants (43, 46, 59). Women reported initiating breastfeeding due to recognition of the many benefits it brings to the health of the child, even when they were reluctant to do it for personal reasons (17). This hints at the success of public health education campaigns on the benefits of breastfeeding, which situates breastfeeding as a new cultural norm (30).

Discussion

This scoping review examined the existing empirical literature on women's perceptions about and experiences of breastfeeding in order to identify how public health messaging can be tailored to improve breastfeeding rates. The literature suggests that, overall, mothers are aware of the positive impacts of breastfeeding and have strong motivation to breastfeed (39). However, women who chose to breastfeed also experience many barriers, related to their social interactions with significant others and their unique socio-cultural contexts (31). These different factors, summarized in Figure 5, should be considered in developing public health activities that promote breastfeeding.

At the individual level, women might experience challenges with breastfeeding stemming from various physiological and psychological problems, such as issues with latching, perceived or actual lack of breastmilk, and physical pain associated with breastfeeding. The onset of postpartum depression or other psychological problems may also impact women's ability to breastfeed (59). Given that many women assume that breastfeeding will happen "naturally" (10, 46), these challenges can deter women from initiating or continuing breastfeeding. In light of these personal challenges, it is important to consider the potential challenges associated with breastfeeding that are conveyed to new mothers through the simplified message "breast is best". While breastfeeding may come easy to some women, most papers included in this review pointed out various challenges associated with initiating or maintaining breastfeeding (25, 40). Acknowledging that breastfeeding may pose a challenge and offering support may help to alleviate some of the guilt mothers experience when they are unable to breastfeed.

Barriers that can be experienced at the interpersonal level concern women's communication with others regarding their breastfeeding choices and practices. The reviewed literature shows a strong impact of women's social networks on their decision to breastfeed (30, 40). In particular, significant others – partners, mothers, siblings and close friends – seem to have a considerable influence over mothers' decision to breastfeed (48, 60, 61). Hence, public health messaging should target not only mothers, but also their significant others in developing breastfeeding campaigns.

There is also a strong need for breastfeeding supports at the institutional and community levels. Access to lactation consultants, sound and practical advice from health care providers, and availability of physical spaces in the community and (for women who return to paid employment) in the workplace can provide more opportunities for mothers who want to breastfeed (24, 40, 50). The findings from this review show, however, that access to these supports and resources vary greatly, and often the women who need them the most lack access to them (62).

While women make decisions about breastfeeding in light of their own personal circumstances, it is important to note that these circumstances are shaped by larger structural, social, and cultural factors. For instance, mothers may feel reluctant to breastfeed in public, which may stem from their familiarity with dominant cultural perspectives that label breasts as objects for sexualized pleasure (54). The reviewed literature also showed that, despite the initial support, mothers who continue to breastfeed past the first year may be judged and scrutinized by others (53).

The literature included in this scoping review identified the importance of support from community services and health care providers in facilitating women's breastfeeding behaviours (28, 30). Unfortunately, some mothers felt that the support and information they received was inadequate, impractical, or infused with conflicting messaging (34, 50). To make breastfeeding support more accessible to women across different social positions and geographical locations, it is important to acknowledge the need for the development of formal infrastructure that promotes breastfeeding. This includes training health care providers to help women struggling with breastfeeding and allocating sufficient funding for such initiatives.

Overall, this scoping review revealed the need for healthcare professionals to provide practical breastfeeding advice and realistic solutions to women encountering difficulties with breastfeeding. Public health messaging surrounding breastfeeding must re-invent breastfeeding as a "family practice" that requires collaboration between the breastfeeding mother, their partner, as well as extended family to ensure that women are supported as they breastfeed (17). The literature also highlighted the issue of healthcare professionals easily giving up on women who encounter problems with breastfeeding and automatically recommending the initiation of formula use without further consideration towards solutions for breastfeeding difficulties (25). A change in public health messaging to a more flexible messaging that recognizes the challenges of breastfeeding is needed to help women overcome negative feelings associated with failure to breastfeed. Offering more personalized advice and support to breastfeeding mothers can improve women's experiences and increase the rates of breastfeeding while also boosting mothers' sense of self-efficacy.

Limitations

This scoping review has several limitations. First, the focus on "women's experiences" rendered broad search criteria but may have resulted in the over or underrepresentation of specific findings in this review. Also, the exclusion of empirical work published in languages other than English rendered this review reliant on the papers published predominantly in English-speaking countries. Finally, consistent with Arksey and O'Malley's (24) scoping review methodology, we did not appraise the quality of the reviewed literature. Notwithstanding these limitations, this review provides important insights into women's experiences of breastfeeding and offers practical strategies for improving dominant public health messaging on the importance of breastfeeding.

Conclusion

Women who breastfeed encounter many difficulties when they initiate breastfeeding, and most women are unsuccessful in adhering to current public health breastfeeding guidelines. This scoping review highlighted the need for reconfiguring public health messaging to acknowledge the challenges many women experience with breastfeeding and include women's social networks as a target audience for such messaging. This review also shows that adequate support and counselling are needed to support women who want to breastfeed. The role social institutions and cultural discourses have on women's experiences of breastfeeding must also be acknowledged and recognized.

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Ethics approval and consent to participate:

Not applicable.

Consent for publication:

Not applicable.

Availability of data and materials:

Not applicable.

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The authors declare that they have no competing interests.

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Authors' contributions:

BB was responsible for the formal analysis and organization of the review. LK was responsible for data curation, visualization and writing the original draft. EN was responsible for initial conceptualization and writing the original draft. BB and LK were responsible for reviewing and editing the manuscript. All authors read and approved the final manuscript.

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References

1. World Health Organization (WHO). Promoting proper feeding for infants and young children. WHO [Internet]. 2019 Jul 29 [cited 2021 Jan 22]; Available from: <http://www.who.int/nutrition/topics/infantfeeding/en/>
2. World Health Organization, UNICEF. Global nutrition targets 2015: Breastfeeding policy brief. 2014.
3. Centres for Disease Control and Prevention. Results: Breastfeeding Rates [Internet]. 2020 [cited 2021 Feb 26]. Available from: https://www.cdc.gov/breastfeeding/data/nis_data/results.html
4. Health Canada. Duration of exclusive breastfeeding in Canada: Key statistics and graphics (2009-2010) [Internet]. Government of Canada. 2012 [cited 2021 Feb 26]. Available from: <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/health-nutrition-surveys/canadian-community-health-survey-cchs/duration-exclusive-breastfeeding-canada-key-statistics-graphics-2009-2010.html>
5. United Nations International Children's Emergency Fund (UNICEF). Breastfeeding in the UK [Internet]. 2019 [cited 2021 Jan 22]. Available from: <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/>
6. Chantry CJ, Dewey KG, Peerson JM, Wagner EA, Nommsen-Rivers LA. In-hospital formula use increases early breastfeeding cessation among first-time mothers intending to exclusively breastfeed. *J Pediatr*. 2014 Jun 1;164(6):1339-1345.e5.
7. Semenic S, Loiselle C, Gottlieb L. Predictors of the duration of exclusive breastfeeding among first-time mothers. *Res Nurs Health* [Internet]. 2008 Oct 1 [cited 2021 Mar 4];31(5):428–41. Available from: <http://doi.wiley.com/10.1002/nur.20275>
8. Hauck YL, Bradfield Z, Kuliukas L. Women's experiences with breastfeeding in public: An integrative review. *Women and Birth*. 2021 May 1;34(3):e217–27.
9. Obeng C, Dickinson S, Golzarri-Arroyo L. Women's perceptions about breastfeeding: A preliminary study. *Children* [Internet]. 2020 Jun 12 [cited 2021 Feb 19];7(6):61. Available from: <https://www.mdpi.com/2227-9067/7/6/61>
10. Choudhry K, Wallace LM. 'Breast is not always best': South Asian women's experiences of infant feeding in the UK within an acculturation framework. *Matern Child Nutr* [Internet]. 2012 Jan 1 [cited 2021 Feb 26];8(1):72–87. Available from: <http://doi.wiley.com/10.1111/j.1740-8709.2010.00253.x>

11. Da Silva Tanganhito D, Bick D, Chang YS. Breastfeeding experiences and perspectives among women with postnatal depression: A qualitative evidence synthesis. *Women and Birth*. 2020 May 1;33(3):231–9.
12. Wolf JH. Low Breastfeeding rates and public health in the United States. *Am J Public Health* [Internet]. 2003 Dec 10 [cited 2021 Feb 2];93(12):2000–10. Available from: <http://ajph.aphapublications.org/doi/10.2105/AJPH.93.12.2000>
13. Cascone D, Tomassoni D, Napolitano F, Giuseppe G Di. Evaluation of knowledge, attitudes, and practices about exclusive breastfeeding among women in Italy. [cited 2021 Mar 4]; Available from: www.mdpi.com/journal/ijerph
14. Dagher RK, McGovern PM, Schold JD, Randall XJ. Determinants of breastfeeding initiation and cessation among employed mothers: A prospective cohort study. *BMC Pregnancy Childbirth* [Internet]. 2016 Jul 29 [cited 2021 Feb 10];16(1):1–11. Available from: <https://link.springer.com/articles/10.1186/s12884-016-0965-1>
15. Hendaus MA, Alhammadi AH, Khan S, Osman S, Hamad A. Breastfeeding rates and barriers: A report from the state of Qatar. *Int J Womens Health* [Internet]. 2018 [cited 2021 Feb 10];10:467–75.
16. Ogbo FA, Ezeh OK, Khanlari S, Naz S, Senanayake P, Ahmed KY, et al. Determinants of exclusive breastfeeding cessation in the early postnatal period among culturally and linguistically diverse (CALD) Australian mothers. *Nutrients* [Internet]. 2019 Jul 16 [cited 2021 Jan 19];11(7):1611. Available from: <https://www.mdpi.com/2072-6643/11/7/1611>
17. Ayton JE, Tesch L, Hansen E. Women's experiences of ceasing to breastfeed: Australian qualitative study. *BMJ Open* [Internet]. 2019 May 1 [cited 2021 Feb 2];9(5):26234. Available from: <http://bmjopen.bmj.com/>
18. Brown CRL, Dodds L, Legge A, Bryanton J, Semenic S. Factors influencing the reasons why mothers stop breastfeeding. *Can J Public Heal* [Internet]. 2014 May 1 [cited 2021 feb 26];105(3):e179–85. Available from: <https://link.springer.com/article/10.17269/cjph.105.4244>
19. Bernardo H, Cesar V. Long-term effects of breastfeeding: a systematic review. *WHO* [Internet]. 2013 Jun 5 [cited 2021 Mar 9]. Available from: https://www.who.int/maternal_child_adolescent/documents/breastfeeding_long_term_effects/en/
20. Sharma AJ, Dee DL, Harden SM. Adherence to breastfeeding guidelines and maternal weight 6 years after delivery. *Pediatrics* [Internet]. 2014 Sep 1 [cited 2021 Feb 19];134(Supplement 1):S42–9. Available from: www.pediatrics.org/cgi/doi/10.1542/peds.2014-0646H
21. Walters DD, Phan LTH, Mathisen R. The cost of not breastfeeding: Global results from a new tool. *Health Policy Plan* [Internet]. 2019 Jul 1 [cited 2021 Mar 9];34(6):407–17. Available from:

<https://academic.oup.com/heapol/article/34/6/407/5522499>

22. Friedman M. For whom is breast best? Thoughts on breastfeeding, feminism and ambivalence. *J Mother Initiat Res Community Involv* [Internet]. 2009 [cited 2021 Jan 22];11(1):26–35. Available from: <https://jarm.journals.yorku.ca/index.php/jarm/article/viewFile/22506/20986>
23. Blixt I, Johansson M, Hildingsson I, Papoutsis Z, Rubertsson C. Women’s advice to healthcare professionals regarding breastfeeding: “offer sensitive individualized breastfeeding support” - An interview study. *Int Breastfeed J* [Internet]. 2019 Dec 16 [cited 2021 Jan 28];14(1):51. Available from: <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0247-4>
24. Arksey H, O’Malley L. Scoping studies: Towards a methodological framework. *Int J Soc Res Methodol Theory Pract* [Internet]. 2005 Feb [cited 2021 Feb 26];8(1):19–32. Available from: <https://www.tandfonline.com/action/journalInformation?journalCode=tsrm20>
25. Brown A, Lee M. An exploration of the attitudes and experiences of mothers in the United Kingdom who chose to breastfeed exclusively for 6 months postpartum. *Breastfeed Med* [Internet]. 2011 Aug 1 [cited 2021 Feb 26];6(4):197–204. Available from: <http://www.liebertpub.com/doi/10.1089/bfm.2010.0097>
26. Morns MA, Steel AE, Burns E, McIntyre E. Women who experience feelings of aversion while breastfeeding: A meta-ethnographic review. *Women and Birth*. 2021 Feb 21; 34:128–35.
27. Jackson KT, Mantler T, O’Keefe-McCarthy S. Women’s experiences of breastfeeding-related pain. *MCN Am J Matern Nurs* [Internet]. 2019 Mar 1 [cited 2021 Mar 9];44(2):66–72. Available from: <https://journals.lww.com/00005721-201903000-00002>
28. Burns E, Schmied V, Sheehan A, Fenwick J. A meta-ethnographic synthesis of women’s experience of breastfeeding. *Matern Child Nutr* [Internet]. 2009 Oct 1 [cited 2021 Jan 19];6(3):201–19. Available from: <http://doi.wiley.com/10.1111/j.1740-8709.2009.00209.x>
29. Claesson IM, Larsson L, Steen L, Alehagen S. “You just need to leave the room when you breastfeed” Breastfeeding experiences among obese women in Sweden - A qualitative study. *BMC Pregnancy Childbirth* [Internet]. 2018 Jan 22 [cited 2021 Jan 28];18(1):1–10. Available from: <https://link.springer.com/articles/10.1186/s12884-017-1656-2>
30. Asiodu I V, Waters CM, Dailey DE, Lyndon, A. Infant feeding decision-making and the influences of social support persons among first-time African American mothers. *Matern Child Health J*. 2017;21:863–72.
31. Forster DA, McLachlan HL. Women’s views and experiences of breast feeding: positive, negative or just good for the baby? *Midwifery*. 2010 Feb 1;26(1):116–25.

32. Demirci J, Caplan E, Murray N, Cohen S. "I just want to do everything right:" Primiparous women's accounts of early breastfeeding via an app-based diary. *J Pediatr Heal Care*. 2018 Mar 1;32(2):163–72.
33. Furman LM, Banks EC, North AB. Breastfeeding among high-risk inner-city African-American mothers: A risky choice? *Breastfeed Med* [Internet]. 2013 Feb 1 [cited 2021 Mar 9];8(1):58–67. Available from: <http://www.liebertpub.com/doi/10.1089/bfm.2012.0012>
34. Cottrell BH, Detman LA. Breastfeeding concerns and experiences of African American mothers. *MCN Am J Matern Nurs* [Internet]. 2013 Sep [cited 2021 Jan 28];38(5):297–304. Available from: <https://journals.lww.com/00005721-201309000-00009>
35. Wambach K, Domian EW, Page-Goertz S, Wurtz H, Hoffman K. Exclusive breastfeeding experiences among Mexican American women. *J Hum Lact* [Internet]. 2016 Feb 1 [cited 2021 Feb 2];32(1):103–11. Available from: <http://journals.sagepub.com/doi/10.1177/0890334415599400>
36. Regan P, Ball E. Breastfeeding mothers' experiences: The ghost in the machine. *Qual Health Res* [Internet]. 2013 May 19 [cited 2021 Feb 2];23(5):679–88. Available from: <http://journals.sagepub.com/doi/10.1177/1049732313481641>
37. Hinsliff-Smith K, Spencer R, Walsh D. Realities, difficulties, and outcomes for mothers choosing to breastfeed: Primigravid mothers experiences in the early postpartum period (6-8 weeks). *Midwifery*. 2014 Jan 1;30(1):e14–9.
38. Palmér L. Previous breastfeeding difficulties: an existential breastfeeding trauma with two intertwined pathways for future breastfeeding—fear and longing. *Int J Qual Stud Health Well-being* [Internet]. 2019 Jan 1 [cited 2021 Feb 22];14(1). Available from: <https://www.tandfonline.com/action/journalInformation?journalCode=zqhw20>
39. Dietrich Leurer M, Misskey E. The psychosocial and emotional experience of breastfeeding: Reflections of mothers. *Glob Qual Nurs Res* [Internet]. 2015 Nov 5 [cited 2021 Feb 19];2:2333393615611654. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28462320>
40. Francis J, Mildon A, Stewart S, Underhill B, Tarasuk V, Di Ruggiero E, et al. Vulnerable mothers' experiences breastfeeding with an enhanced community lactation support program. *Matern Child Nutr* [Internet]. 2020 Jul 26 [cited 2021 Feb 26];16(3):16. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/mcn.12957>
41. Palmér L, Carlsson G, Mollberg M, Nyström M. Breastfeeding: An existential challenge - Women's lived experiences of initiating breastfeeding within the context of early home discharge in Sweden. *Int J Qual Stud Health Well-being* [Internet]. 2010 [cited 2021 Feb 19];5(3). Available from: <https://www.tandfonline.com/action/journalInformation?journalCode=zqhw20><https://doi.org/10.3402/qhw.v5i3.5397>

42. Grant A, Mannay D, Marzella R. 'People try and police your behaviour': The impact of surveillance on mothers and grandmothers' perceptions and experiences of infant feeding. *Fam Relationships Soc*. 2018;7(3):431–47.
43. Thomson G, Ebisch-Burton K, Flacking R. Shame if you do - shame if you don't: women's experiences of infant feeding. *Matern Child Nutr* [Internet]. 2015 Jan 1 [cited 2021 Jan 19];11(1):33–46. Available from: <http://doi.wiley.com/10.1111/mcn.12148>
44. Fahlquist JN. Experience of non-breastfeeding mothers: Norms and ethically responsible risk communication. *Nurs Ethics* [Internet]. 2016 Mar 1 [cited 2021 Feb 10];23(2):231–41. Available from: <http://journals.sagepub.com/doi/10.1177/0969733014561913>
45. Gross TT, Davis M, Anderson AK, Hall J, Hilyard K. Long-term breastfeeding in African American mothers: A positive deviance inquiry of WIC participants. *J Hum Lact* [Internet]. 2017 Feb 1 [cited 2021 Feb 26];33(1):128–39. Available from: <http://journals.sagepub.com/doi/10.1177/0890334416680180>
46. Spencer RL, Greatrex-White S, Fraser DM. 'I thought it would keep them all quiet'. Women's experiences of breastfeeding as illusions of compliance: an interpretive phenomenological study. *J Adv Nurs* [Internet]. 2015 May 1 [cited 2021 Mar 4];71(5):1076–86. Available from: <http://doi.wiley.com/10.1111/jan.12592>
47. Twamley K, Puthussery S, Harding S, Baron M, Macfarlane A. UK-born ethnic minority women and their experiences of feeding their newborn infant. *Midwifery*. 2011 Oct 1;27(5):595–602.
48. Lutenbacher M, Karp SM, Moore ER. Reflections of black women who choose to breastfeed: Influences, challenges and supports. *Matern Child Health J*. 2016 Feb 1;20(2):231-239.
49. Dowling S, Brown A. An exploration of the experiences of mothers who breastfeed long-term: What are the issues and why does it matter? *Breastfeed Med* [Internet]. 2013 Feb 1 [cited 2021 Feb 22];8(1):45–52. Available from: <http://www.liebertpub.com/doi/10.1089/bfm.2012.0057>
50. Fox R, McMullen S, Newburn M. UK women's experiences of breastfeeding and additional breastfeeding support: A qualitative study of Baby Café services. *BMC Pregnancy Childbirth* [Internet]. 2015 Jul 7 [cited 2021 Jan 22];15(1):147. Available from: <http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-015-0581-5>
51. Spencer B, Wambach K, Domain EW. African American women's breastfeeding experiences: Cultural, personal, and political voices. *Qual Health Res* [Internet]. 2015 Jul 4 [cited 2021 Jan 22];25(7):974–87. Available from: <http://journals.sagepub.com/doi/10.1177/1049732314554097>
52. McBride-Henry K. The influence of the They: An interpretation of breastfeeding culture in New Zealand. *Qual Health Res* [Internet]. 2010 Jun 10 [cited 2021 Mar 4];20(6):768–77. Available from: <http://journals.sagepub.com/doi/10.1177/1049732310364220>

53. Newman KL, Williamson IR. Why aren't you stopping now? Exploring accounts of white women breastfeeding beyond six months in the East of England. *Appetite*. 2018 Oct 1;129:228–35.
54. Dowling S, Pontin D. Using liminality to understand mothers' experiences of long-term breastfeeding: 'Betwixt and between', and 'matter out of place.' *Heal (United Kingdom)* [Internet]. 2017 Jan 1 [cited 2021 Jan 28];21(1):57–75. Available from: <http://journals.sagepub.com/doi/10.1177/1363459315595846>
55. Payne D, Nicholls DA. Managing breastfeeding and work: a Foucauldian secondary analysis. *J Adv Nurs* [Internet]. 2010 Jun 16 [cited 2021 Jan 28];66(8):1810–8. Available from: <http://doi.wiley.com/10.1111/j.1365-2648.2009.05156.x>
56. McKellar L, Fleet J, Dove S. It's more than just luck: A qualitative exploration of breastfeeding in rural Australia. *Women and Birth*. 2018 Jun 1;31(3):177–83.
57. Keely A, Lawton J, Swanson V, Denison FC. Barriers to breast-feeding in obese women: A qualitative exploration. *Midwifery*. 2015 May 1;31(5):532–9.
58. Afoakwah G, Smyth R, Lavender DT. Women's experiences of breastfeeding: A narrative review of qualitative studies. *Afr J Midwifery Womens Health* [Internet]. 2013 Apr 23 [cited 2021 Feb 2];7(2):71–7. Available from: <https://www.magonlinelibrary.com/doi/abs/10.12968/ajmw.2013.7.2.71>
59. Pratt BA, Longo J, Gordon SC, Jones NA. Perceptions of breastfeeding for women with perinatal depression: A descriptive phenomenological study. *Issues Ment Health Nurs* [Internet]. 2020 Jul 2 [cited 2021 Feb 10];41(7):637–44. Available from: <https://www.tandfonline.com/doi/abs/10.1080/01612840.2019.1691690>
60. Durmazoğlu G, Yenil K, Okumuş H. Maternal emotions and experiences of mothers who had breastfeeding problems: A qualitative study. *Res Theory Nurs Pract* [Internet]. 2020 Jan 1 [cited 2021 Mar 9];34(1):3–20. Available from: <http://connect.springerpub.com/lookup/doi/10.1891/1541-6577.34.1.3>
61. Szafranska M, Gallagher DL. Polish women's experiences of breastfeeding in Ireland. *Pract Midwife* [Internet]. 2016 Jan 1 [cited 2021 Jan 28];19(1):30–2. Available from: <https://europepmc.org/article/med/26975131>
62. Burns E, Triandafilidis Z. Taking the path of least resistance: a qualitative analysis of return to work or study while breastfeeding. [cited 2021 Feb 10]; Available from: <https://doi.org/10.1186/s13006-019-0209-x>

Tables

Table 1: Search Phrase Utilized For Literature Search

(women AND experiences OR experience OR women's experiences)
(breastfeeding OR breast feeding OR lactation OR breast milk)

Figures

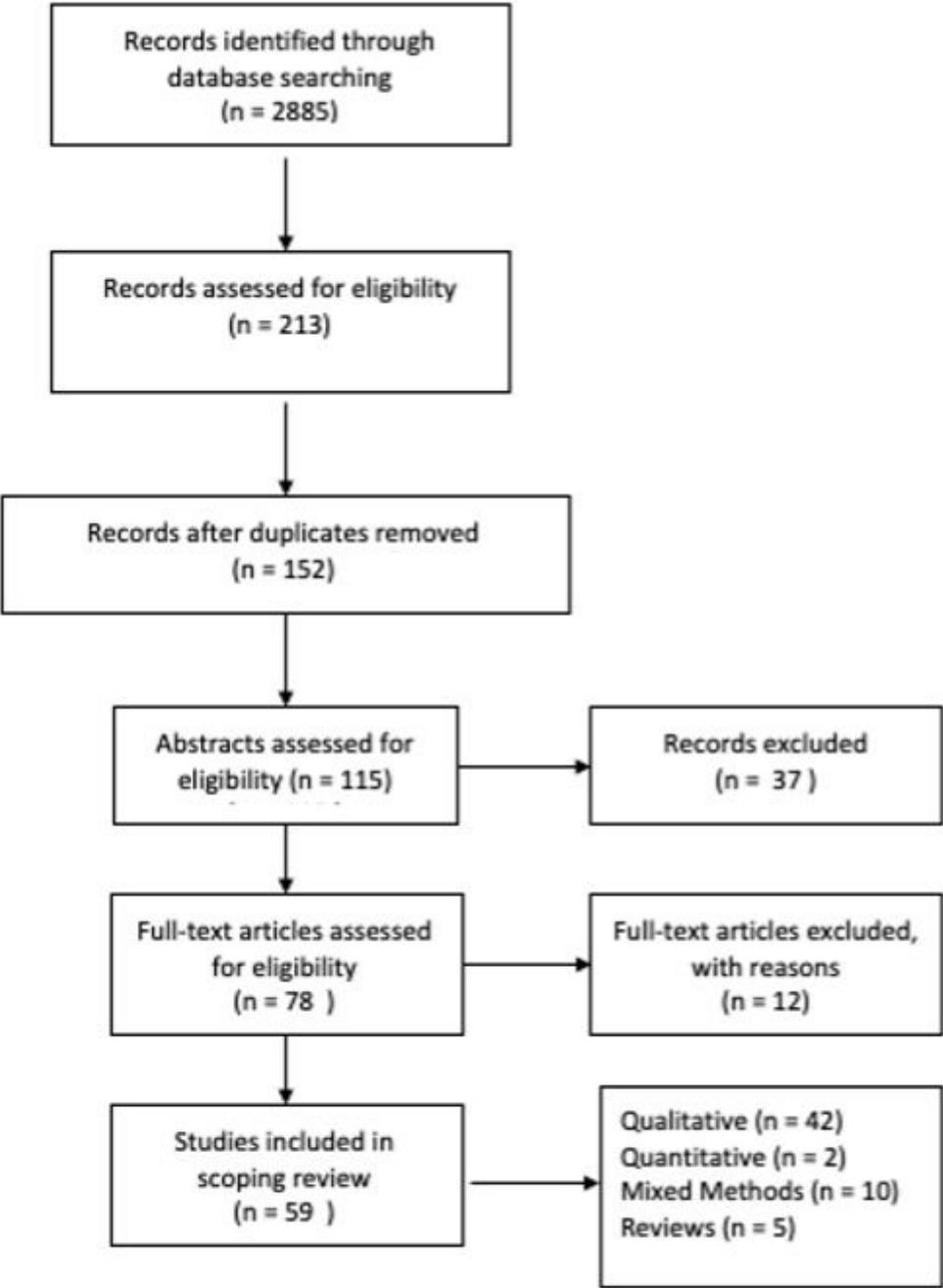


Figure 1

Prisma Flow Diagram

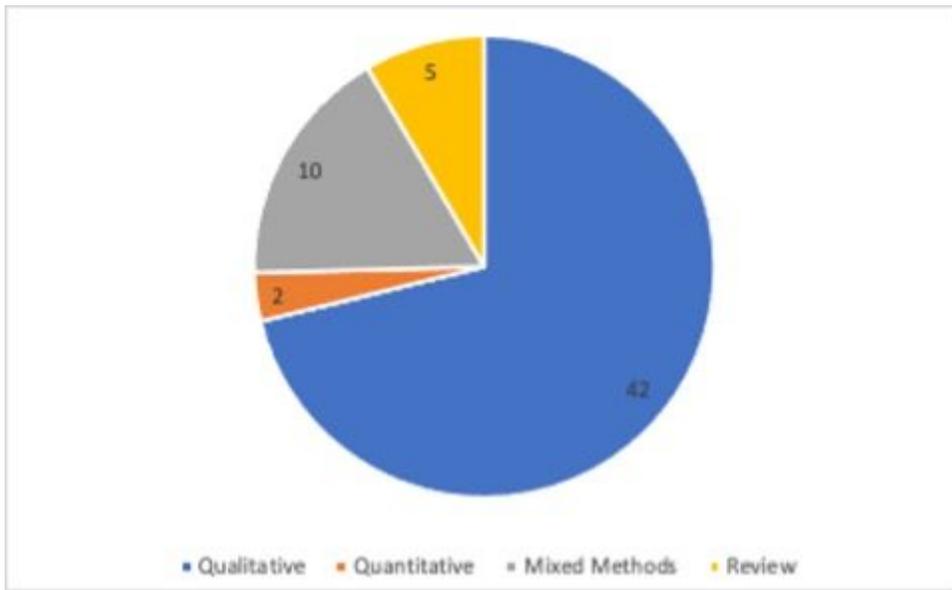


Figure 2

Types of Articles

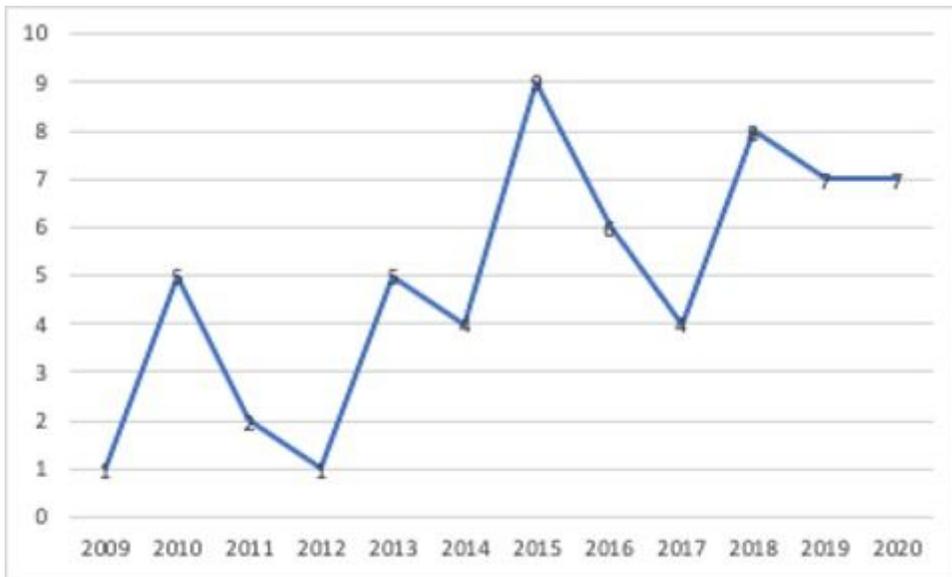


Figure 3

Years of Publication

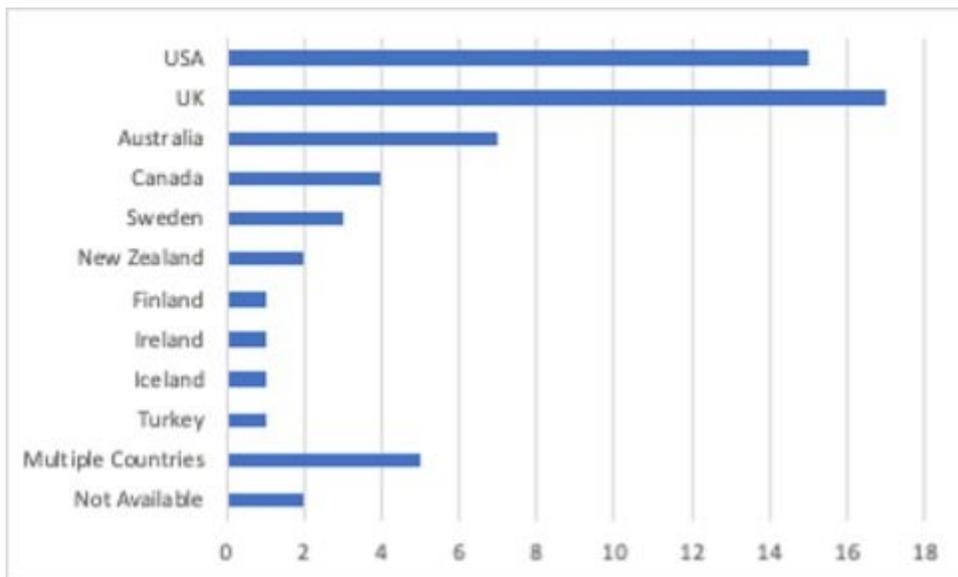


Figure 4

Countries of Focus Examined in Literature Review

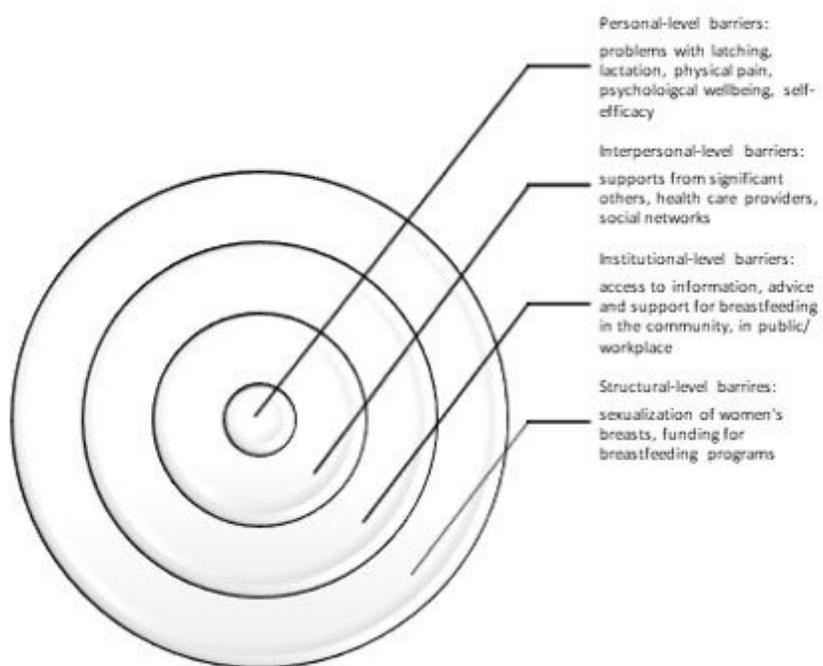


Figure 5

Barriers to Breastfeeding